# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1373867

SEC	USE ONLY
Prefix	Scria
1	ı
DAT	E RECEIVE

Name of Offering ( check if	this is an amendment and name	has changed, and indicate change.)		7 X
Private Placement of Limited Partne				
Filing Under (Check box(es) that ap			ULOE LOS	L'OEIVED WIN
				TAED WALL
Type of Filing:		······································		16.
		BASIC IDENTIFICATION DATA	ブアのに含	I B State Will
Name of Issuer ( check if		has changed, and indicate change.)		00P
TWM Real Assets Partnership		e has changed, and indicate change.)		
Address of Executive Offices	(No. and Street, City, S	State Zin Code)	Telephone Number (Includi	ng Arcá: Gorle)
5500 Preston Road, Suite 250,		raie, 2.p code,	(214) 252-32	4 11 -11 1
Address of Principal Business Opera (if different from Executive Offices)	ations (No. and Street, City, S	State, Zip Code) Telephone	Number (Including Area Code)	
Brief Description of Business Investment Partnership				
Type of Business Organization				
corporation	$\boxtimes$	limited partnership, already formed	4 🗆	other (please specify):
business trust	Ē	limited partnership, to be formed		omer (product apoorty).
Dusiness dust		Month	Year	
Actual or Estimated Date of Incorp	poration or Organization:	0 1	0 5 × Actual	☐ Estimated
Jurisdiction of Incorporation or Or	ganization: (Enter two-letter U.	S. Postal Service abbreviation for State	e: TX	
·	CN for Canada; I	FN for other foreign jurisdiction)		
GENERAL INSTRUCTIONS				
_	·	oder Regulation D or Section 4(6), 17 CFR 230.501	•	
When To File: A notice must be filed no later t received by the SEC at the address given below	han 15 days after the first sale of securities or, if received at that address after the date	es in the offering. A notice is deemed filed with the e on which it is due, on the date it was malled by Un	ne U.S. Securities and Exchange Commission (SI nited States registered or certified mail to that add	EC) on the earlier of the date it is ress.
Where To File: U.S. Securities and Exchange Co		<del>-</del>		
signatures.		must be manually signed. Any copies not manually		
Information Required: A new filing must control changes from the information previously supplied		ats need only report the name of the issuer and off idix need not be filed with the SEC.	fering, any changes thereto, the information requ	ested in Part C, and any materia
Filing Fee: There is no federal filing fee.			-	
must file a separate notice with the Securities A amount shall accompany this form. This notice	dministrator in each state where sales are shall be filed in the appropriate states in a	on (ULOE) for sales of securities in those states that to be, or have been made. If a state requires the paccordance with state law. The Appendix to the noti-	syment of a fee as a precondition to the claim for the constitutes a part of this notice and must be co	the exemption, a fee in the proper mpleted.
Failure to file notice in t	ne appropriate states w	ill not result in a loss of the fe	ederal exemption. Converse	ely, failure to file

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predicated on the filing of a federal notice.

the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is

Potential persons who are to respond to the callection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information r	equested for the fo	llowing:			
X Each beneficial owner issuer;	having the power t and director of cor	has been organized within the position of the ordinary of the porate issuers and of corporate thership issuers.	vote or disposition of, 10% or		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, TTG GP Management, Inc					
	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
	nt and Secretary ess (Number and S	Street, City, State, Zip Code)			
5500 Preston Road, Suite 2 Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Bennett, Eric W., Vice Pro	sident and Assista				
Business or Residence Addi 5500 Preston Rond, Suite 2		Street, City, State, Zip Code) 75205			
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Greer, Stephanie, Vice Pro	esident and Assist				
Business or Residence Address 5500 Preston Road, Suite		Street, City, State, Zip Code) 75205			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code)		,	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	, , , , , , , , , , , , , , , , , , , ,	***************************************		
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code)			

						B. IN	FUKIV	ATIO	N ABO	OLOR	PERI	YG-			
1. H	as the iss	uer sold			er intend so in Ap							ıg?		Yes	No ⊠
2. W	What is the minimum investment that will be accepted from any individual?											\$ <u>100.</u>	000.00		
3. D	oes the o	ffering p	ermit jo	int own	ership of	a single	unit:							Yes ⊠	No □
in of re (5 fo	securitie gistered v persons r that bro	any comes in the with the sto be listed to the listed to t	mission offering. SEC and sted are ealer onl	or simil . If a pe Lor with associate ly.	ar remui rson to b n a state ed perso	neration oc listed or states	for solid is an as: i, list the	citation o sociated name o	of purch person of f the bro	asers in or agent ker or d	connect of a bro ealer. If	tly or on with s ker or dea more tha he inform	iler n five		u
Full N	ame (Lasi	t name f	irst, if in	dividual	1)										
Busine	ss or Res	idence /	Address (	(Numbe	r and Str	ect, City	y, State,	Zip Cod	le)						
Name	of Associ	iated Bro	oker or E	Dealer											
	in Which														
•													· • • • • • • • • • • • • • • • • • • •		All States
(AL)	[AK]	[AZ] [IA]	(AR) [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC]	(FL) [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]			
[IL] [MT]	(IN) [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[MA] [ND]	(OH)	[OK]	[OR]	[PA]			
(RI)	[SC]	[SD]	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full N	ame (Las	t name f	irst, if in	dividua	i)							<del></del>			
Busine	ss or Res	sidence /	Address	(Numbe	r and Sti	eet, City	y, State,	Zip Cod	le)	<del></del>					
Name	of Associ	iated Bro	oker or [	Dealer									.,		
States	in Which	Person	Listed H	las Solic	ited or l	ntends t	o Solici	Purcha	sers						
								*********	**********	•••••			***********		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	(NC)	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	(WA)	[WV]	[WI]	[WY]	(PR)			
Full N	ame (Las	t name f	īrst, if in	idividua	l)			_							
Busine	ess or Res	sidence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)						
Name	of Assoc	iated Br	oker or I	Dealer											
	in Which														All States
(Checi	C"All Sta	iles" or i	eneck in	aividuai	States).	**********		•••••••	***********	***********	***********	************		ت	All States
[AL]	{AK}	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]			
(IL)	[111]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USI	OF PROCE	EDS	
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	(	Aggregate Offering Price	Аπ	nount Already Sold
	Debt	\$	_	S	0
	Equity	s	0	\$	0
	☐ Common ☐ Preferred	_			
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$_	450,000.00	\$	450,000.00
	Other (Specify)	\$_	00	\$	0
	Total		450,000,00	\$	450,000.00
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		Number		Aggregate
			Investors		ollar Amount of Purchases
	Accredited Investors		3	. s	450,000.00
	Non-accredited Investors		0	. \$	0
	Total (for filings under Rule 504 only)	_	N/A	, \$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security	D	Dollar Amount Sold
	Rule 505		N/A	. S	N/A
	Regulation A		N/A	. S	N/A
	Rule 504		N/A	. \$_	N/A
	Total	_	N/A	. <b>s</b> _	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secuthis offering. Exclude amounts relating solely to organization expenses of the issuer. The inform be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.  Transfer Agent's Fees.	ation an	і тау	\$	0

 $+ 0.25 \pm 0.25$ 

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10,000

10,000

Printing and Engraving Costs .....

Legal Fces.....

Sales Commissions (specify finder's fees separately) .....

Other Expenses (identify)

Total .....

	C. OFFERING PRICE	C, NUMBER OF INVESTORS, EXPENS	SES AND USE	OF PR	OCEED	3	
	and total expenses furnished in response	regate offering price given in response to Part C to Part C-Question 4.a. This difference is the	"adjusted gross			\$	440,000.00
5.	each of the purposes shown. If the amo-	ed gross proceeds to the issuer used or proposed unt for any purpose is not known, furnish an es The total of the payments listed must equal the se to Part C-Question 4.b. above.	timate and				
				Óf Dire Af	ments to ficers, ctors, & filiates	Pay	ments To Others
	Salaries and fees			\$		\$	
	Purchase of real estate			\$		\$	
	Purchase, rental or leasing and ins	stallation of machinery and equipment		\$		<b>S</b>	
	Construction or leasing of plant b	uildings and facilities		\$		\$	
		ncluding the value of securities involved in this seets or securities of another issuer pursuant to		\$		\$	
	Repayment of indebtedness			\$		\$	
	Working capital			\$		\$	
	Other (specify) (investments)			\$	<u>×</u>	\$	440,000.00
	Column Totals			\$	⊠	\$_	440,000,00
	Total Payments Listed (column to	etals added)			\$4	40,000	0.00
		D. FEDERAL SIGNATURI	 ₹				
signa	ature constitutes an undertaking by the iss	gned by the undersigned duly authorized person uer to furnish to the U.S. Securities and Exchan- accredited investor pursuant to paragraph (b)	nge Commission,				
lss	uer (Print or Type)	Signature	Date				
TV	VM Real Assets Partnership, L.P.	Stephenie Okeen	Septembe	er <u>//</u> ,	2006		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					
Ste	phanie Greer	Vice President and Assistant Secretary of	TTG GP Manage	ment, lr	c., general	partne	er
		ATTENTION					
	Intentional misstatements or	omissions of fact constitute federal crit	minal violations	. (See	18 U.S.C	. 1001	)

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 prule?	esently subject to any of the disqualification prov	isions of such	Yes	No 区
	See Appendix	k, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to (17 CFR 239,500) at such times as required	furnish to any state administrator of any state in by state law.	which this notice is fi	led, a notice	on Form D
3.	The undersigned issuer hereby undertakes to offerees.	furnish to the state administrators, upon written t	equest, information f	urnished by (	he issuer to
4.		suer is familiar with the conditions that must be so which this notice is filed and understands that the at these conditions have been satisfied.			
	e issuer has read this notification and knows t lersigned duly authorized person.	ne contents to be true and has duly caused this not	ice to be signed on its	s behalf by th	e
Iss	uer (Print or Type)	Signatur#	Date		
TW	M Real Assets Partnership, L.P.	Signature Herr	September, 200	06	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
Ste	phanic Greer	Vice President and Assistant Secretary of TTG	3P Management, Inc.	, general part	ner

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

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ı	2 3			*****	4		4						
	non-acc investor: (Par	o sell to credited s in State et B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)								
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount						
AL													
AK							***************************************						
AZ							<del></del>						
AR													
CA		No	Limited Partnership Interests \$150,000	1	\$150,000	0	\$0	No					
со													
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DE													
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lA													
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### APPENDIX

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	non-ac- investor (Pa	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	ccredited Accredited						
MO											
MT											
NE								<i>'</i>			
NV											
NH						•					
NJ											
NM											
NY											
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OR											
PA											
RI											
sc											
SD											
TN	<u></u>										
тх		No	Limited Partnership Interests \$300,000	2	\$300,000	0	\$0	No			
UT											
VT											
VA											
WA											
wv	<u> </u>										
WI											

### APPENDIX

I	1	2	3		4						
	non-acc investors (Par	o sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре о	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount				
WY											
PR											